



ACP

Address Confidentiality Program



# Emergency Disclosure of Participation Information

Pursuant to §24-30-2110(12), C.R.S., "...an official or agency receiving information pursuant to this subsection (12) shall certify to the executive director or his or her designee that the official or agency has a system in place to protect the confidentiality of a participant's actual address from the public and from personnel who are not involved in the trial, hearing, proceeding, or investigation."

**Please complete and sign before a notary public.**

I, \_\_\_\_\_, am seeking the emergency disclosure of actual address or phone number information for the following ACP participant:

Participant Name \_\_\_\_\_ Apt # \_\_\_\_\_

I certify that the requested information is required pursuant to a:

- Trial
- Hearing
- Investigation
- Other Proceeding \_\_\_\_\_  
*Type of proceeding*

AND

- I certify that the information requested will be protected from the public and personnel who are not involved in the trial, hearing, proceeding or investigation.

\_\_\_\_\_, 20\_\_\_\_.  
*Signature of person seeking the disclosure* *Date*

State of Colorado )  
 )ss  
County of \_\_\_\_\_)

Subscribed and sworn to before me this \_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by

\_\_\_\_\_.

\_\_\_\_\_  
Notary Public My Commission Expires: \_\_\_\_\_

### ACP Section

The requested information was provided to \_\_\_\_\_

How was the information provided? \_\_\_\_\_

Date \_\_\_\_\_ Signed \_\_\_\_\_

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Website: [www.colorado.gov/acp](http://www.colorado.gov/acp) | E-mail: [acp@state.co.us](mailto:acp@state.co.us)